



NEW JERSEY YMHA-YWHA CAMPS

2010 Round Lake Camp Application

Create an account and apply online! www.RoundLakeCamp.org

CITY OFFICE 21 Plymouth Street Fairfield, NJ 07004 Tel. (973) 575-3333 Fax (973) 575-4188	SUMMER OFFICE 119 Woods Road Lakewood, PA 18439 Tel. (570) 798-2551 Fax (570) 798-2784
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Camper _____
CHILD'S LAST NAME FIRST NAME MIDDLE NAME

Residence _____ Home Phone () _____
NUMBER AND STREET CITY STATE ZIP

Family E-Mail Address _____ Fax Phone () _____

Height _____' _____" Weight _____ lbs. Date of Birth _____/_____/_____ Gender _____
M/F

Attended Camp Before? _____ If so, where? _____ When? _____

Father/Guardian Name _____ Relationship to Camper: _____
Father, Step-Father, Grandfather, Guardian, Other Relative

Occupation _____ Company Name _____

Work Phone () _____ Cell Phone () _____ Work Email _____

Mother/Guardian Name _____ Relationship to Camper: _____
Mother, Step-Mother, Grandmother, Guardian, Other Relative

Occupation _____ Company Name _____

Work Phone () _____ Cell Phone () _____ Work Email _____

Parent's Relationship: (Please Circle) Married Separated Divorced Widowed Single

If not married, full name of person responsible for payment _____

Emergency Contact: _____ Phone () _____

<input checked="" type="checkbox"/>	2010 Camp Fees	Total Fee	Deposit Required
<input type="checkbox"/>	Full Season - July 1 to Aug 19 Trip/Video/Canteen fees for this session	\$8240 + \$155	\$600
<input type="checkbox"/>	1st Session - July 1 to July 29 Trip/Video/Canteen fees for this session	\$5290 + \$95	\$600
<input type="checkbox"/>	2nd Session - July 29 to Aug 19 Trip/Video/Canteen fees for this session	\$3980 + \$85	\$600

Amount Enclosed \$ _____

Balance must be paid in full no later than April 1, 2010.
Visa, MC, Discover, AMEX, personal & bank checks.
Make checks payable to the New Jersey "Y" Camps

Credit Card # _____

Expiration Date _____ CVV2 _____

Credit Card Billing Address _____

FOR OFFICE USE ONLY:

O.T. _____ S.T. _____ BUS _____

MEDS _____ L/M/H _____ RETURN _____

Please attach a recent photo of applicant.

ACCEPTANCE IS NOT OFFICIAL UNTIL WRITTEN CONFIRMATION IS RECEIVED FROM CAMP.

Fee includes transportation from and to designated sites in or near the greater New York/New Jersey area, laundry, excess medical insurance, gratuities, basic canteen and registration. **Baggage company charges & horseback riding are not included.** I have read all the above terms and the terms described on the reverse side of this application. I am financially responsible for all fees incurred.

Signature _____

This application CANNOT be processed unless signed by a parent or guardian!

Please complete the information here and on the reverse side to the best of your ability.

1. School child currently attends: Name _____

Town & State of School _____

Principal _____ Class Teacher _____ Phone() _____

2. What is your child's educational label: _____

3. Please name and explain those things of greatest concern for your child _____
4. Please name and explain activities and areas of greatest success for your child: _____
5. Please describe any previous away-from-home experiences your child has had (be sure to include the dates): _____
6. Please describe your child's social behavior with:
- adults: _____
- peers: _____
- siblings: _____
7. Please list any difficulties your child may have with self-help skills: _____
8. Please list any food restrictions for your child: _____
9. Please detail any allergies your child has and the kinds of reactions that occur: _____
10. Please detail any medication program your child receives including medication type and daily dosage: _____
11. Does your child receive separate Occupational Therapy? Yes No Speech and Language? Yes No
12. Please name any clinic, social agency, physician or therapist with whom a current relationship exists:
- | | | |
|------|--------------|-------|
| name | dates/reason | phone |
|------|--------------|-------|
- 13 Please name your child's hobby and leisure time interests: _____

TERMS OF ENROLLMENT (Please Read Carefully!)

1. No person shall be excluded from admission on grounds of race, color or national origin.
2. Decision for formal enrollment to program is based upon personal interview and review of supportive information gathered from educational and social service agencies who currently interact with the prospective camper. Should child and camp program be deemed inappropriate by camp staff, deposit monies will be returned in full. In accepting enrollment, the camp reserves a place for the child. If, for any reason, the enrollment must be cancelled, the NJ 'Y' Camps must be advised of this in writing with the following understanding:

a. Cancellation before April 1, 2010 - \$25 Service Charge	b. Cancellation after April 1, 2010 - \$50 Service Charge
c. Cancellation within 14 days of Camper arrival date - NO REFUND	
3. No allowance or refund made for transportation or laundry since charges for those items are based on collective arrangements for ALL campers.
4. The camp is not responsible for the camper's equipment or personal belongings; while in transit or at camp, if lost or damaged by fire, theft, laundry, or in any other manner.
5. It is clearly understood that parent or guardian signing this application certifies that the child is normal and healthy as portrayed and that no clinical or therapeutic relationship has been omitted. This application is accepted subject to a physical examination by a physician. Camp is herein authorized to contact prior recreational and/or camp placements to gather information.
6. It is expressly understood and agreed that, if the camper leaves the campus without the express permission of the camp director, if the camper damages or defaces camp property, or if the camper's conduct or influence is inimical to the best interests of the camp, the camper may be dismissed at the sole discretion of the Director with no refund nor reduction of fee. The camper agrees not to smoke or possess cigarettes in Camp.
7. In case of late arrival, dismissal, or withdrawal of the child for ANY reason whatsoever, there will be no refund for camp fees for time reserved. In the event the child is sent home because of illness or accident and upon orders of the camp physician, a refund will be made for the unexpired portion of the term.
8. Applications are accepted reserving the right and responsibility of Camp Administration to place campers according to its own age-level and readiness standards.
9. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the PA Court of Common Pleas located in Wayne County, PA, and shall be construed in accordance with the laws of Pennsylvania.
10. When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
11. Camp is herein authorized to use analog and/or digital photographic, audio and/or video reproductions of the child electronically and in literature for interpretive purposes, advertising and to participate in research studies conducted by the NJ 'Y' Camps.
12. I hereby give permission for my child to leave camp grounds for camp programs.
13. I hereby give permission for my child to participate in any and all camp activities. I fully understand that some of their choice activities may include certain inherent risks.
14. IN CASE OF SURGICAL OR MEDICAL EMERGENCY the parent hereby gives permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the child named above. Every effort will be made by the Camp Administration to immediately contact parents in the event of an emergency.